

An American Reflection
on DURQUIM

Jerry Avorn, M.D.

Harvard Medical School

The right meeting at the right time

- Growing centrality of medicines in health care
 - Effectiveness
 - Safety concerns
 - Rising costs vs. constrained budgets
 - Equity considerations
- Emerging coherence of EU nations
 - Central role of governments in health care
 - Chance to harmonise data, goals
 - Opportunity to share ideas, best practices

Where does the legitimacy of indicators & guidelines come from?

- Consensus is not science!
 - the demise of Galen, leeches, & GOBSAT
 - the rise of evidence-based medicine
 - trans-Atlantic differences
 - rooted in cultural, historical, legal traditions
- versus.....*
- The need for involvement, acceptance by stakeholders

An illustration from overseas

- The ACOVE project
 - Assessing Care of Vulnerable Elders
 - RAND / UCLA
 - with a little help from Harvard
 - Wenger & Shekelle, Ann Internal Med 2001
 - Knight & Avorn, Ann Intern Med 2001
 - Higashi, Ann Intern Med 2004

If.....then..... because.....

- The underlying logic
- Example:
 - **IF** a vulnerable elder (VE) has asymptomatic LV dysfunction with $EF < 40\%$,
 - **THEN** offer an ACE-I,
 - **BECAUSE.....** (clinical trial data.....)

ACOVE Measurement System

- A comprehensive quality assessment system for vulnerable older patients
- 236 quality indicators covering 22 clinical conditions
 - Based on medical literature and consensus of expert panels
 - Assessed performance in two managed care organizations

Medication Quality Indicators: 4 Domains

<u>Domain</u>	<u># Indicators</u>
Prescribing indicated medications	17
Avoiding inappropriate medications	9
Education / continuity/ documentation	8
Medication monitoring	9

Example:

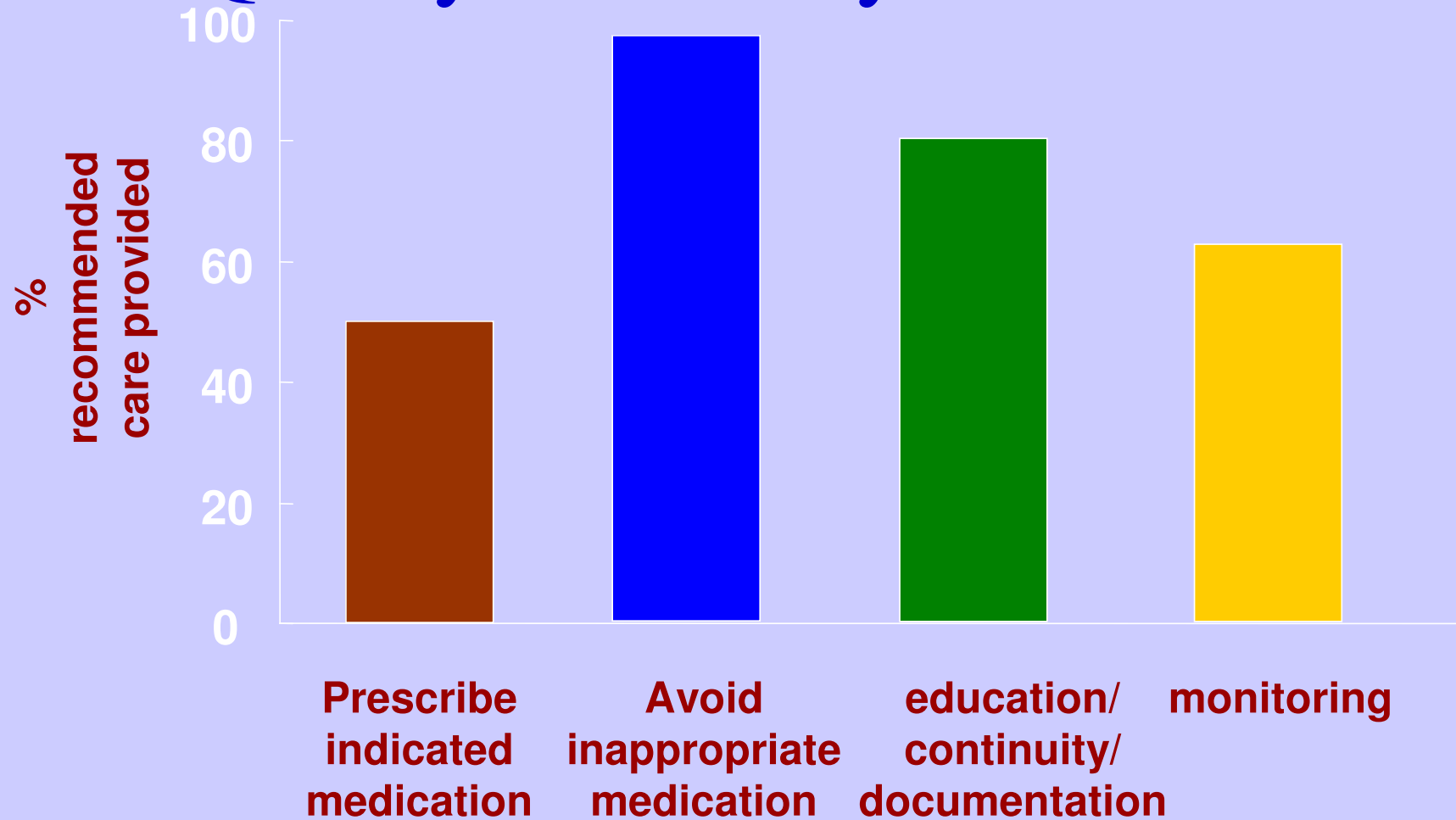
Prescribing indicated medications

- IF a vulnerable elder is newly diagnosed with osteoporosis,
- THEN the patient should be offered treatment with HRT, or bisphosphonate or calcitonin within 3 months.

Example: Avoiding Inappropriate medications

- **ALL vulnerable elders should not be prescribed a medication with strong anticholinergic effects if alternatives are available.**
- (editorial comment: it is time to get beyond mere lists of “gotcha!” drugs)

Quality of care by domains



Higashi study conclusions

- Even for patients who have prescription coverage, pharmacologic care for vulnerable older persons needs improvement
- Failure to prescribe indicated medications, to monitor medications, and to educate and document are more common than use of inappropriate drugs in older patients.

Quality indicators and Plato's cave

- Don't restrict view to drug-only databases
- Levels of ascertainment
 - Drug prescribing (statin, bisphos. Rx written)
 - Prescription filling (meds obtained)
 - Drug taking (meds ingested)
 - Intermediary clinical measures (LDL, BMD)
 - Ultimate clinical outcomes (MI, hip Fx)

American strengths & weaknesses re quality indicators

- There are several large databases covering drug use, BUT
 - massive heterogeneity
 - many are privately held
 - privacy paranoia a large problem
- Pluralistic health care system allows for innovation, experimentation, BUT
 - absence of social mandate to do anything
- Increasingly large role of profit in driving system

Europe's strengths in this area

- Tradition of medical care as a human right
- Central role of governments
- Health care isn't all about commerce
- High scientific standards in medicine
- Existing high-quality building-blocks

A Boston view of DURQUIM

- An excellent collection of people, ideas
- Great opportunity to build (toward) consensus on:
 - need for indicators
 - process for developing them
 - the indicators themselves

Implementation is key!

- **A quality indicator that is not implemented is like a drug that is not taken.**
- **MUST consider issues such as:**
 - political buy-in by governments, doctors
 - educational outreach / academic detailing
 - social marketing
 - adult learning
- **Need for ongoing assessment of indicator application, outcomes**

The future of quality indicators

“The lion shall lie down with the lamb...
but the lamb won't get much sleep.”

--Woody Allen